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10/750,789	01/02/2004 RULE	606	3735	32/1198US(3)

APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/897,585 06/29/2001 ABN
 which is a CON of 09/312,518 05/14/1999 ABN
 which is a CON of 08/821,903 03/21/1997 ABN
 which claims benefit of 60/036,904 02/05/1997
 and claims benefit of 60/013,791 03/21/1996

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
04/13/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	Sheets Drawings	Total Claims	Independent Claims
Verified and Acknowledged <i>/david shay/</i> Examiner's Signature		Initials	IL	8	36	4

ADDRESS

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TITLE

Lenticular refractive surgery of presbyopia, other refractive errors, and cataract retardation

FILING FEE RECEIVED 737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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